## PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents 0 3 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate AND might correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 11/19/2004 B Noel Kivlin Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. MEYERTONS HOOD KIVLIN KOWERT & GOETZEL PC P O Box 398 Austin, TX 78767-0398 02/04/2005 SSITHIB2 00000127 501505 (Depositor's nat \_Noël Kivlin 09697731 (Signature 01 FC:1501 1400.00 DA (Date) -05 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/697,731 10/25/2000 Daniel R. Cassiday SUN1P410/P5326 4544 TITLE OF INVENTION: METHOD FOR SUPERIMPOSING A SEQUENCE NUMBER IN AN ERROR DETECTION CODE IN A DATA NETWORK APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1370 \$0 \$1370 02/22/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS CHUNG, PHUNG M 2133 714-758000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Meyertons Hood Kivlin 2. For printing on the patent front page, list Kowert & Goetzel, P.C. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. B. Noël Kivlin (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Sun Microsystems, Inc.	Santa Clara, CA
Please check the appropriate assignee category or categories (w	vill not be printed on the patent): 🚨 Individual 🙇 Corporation or other private group entity 🚨 Government
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a. Applicant claims SMALL ENTITY status. See 37 CF	R 1.27.
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